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Bib Data Sheet

CONFIRMATION NO. 7378

<b>SERIAL NUMBER</b> 10/010,870	<b>FILING DATE</b> 12/07/2001 <b>RULE</b>	<b>CLASS</b> 005	<b>GROUP ART UNIT</b> 3628	<b>ATTORNEY DOCKET NO.</b> K0001/7000P1
<b>APPLICANTS</b> Hendrik Klaas Kuiper, Edwards, MS; Danny Earl Ellis, Utica, MS; Bobby E. Reed, Vicksburg, MS;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/733,361 12/08/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 01/07/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> MS	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 28
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 022832				
<b>TITLE</b> Portable patient turning and lifting device				
<b>FILING FEE RECEIVED</b> 507	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	